



**HARVARD**  
School of Dental Medicine  
MMSc Thesis Defense Form

We, the undersigned, have read and approved the thesis of Dr. \_\_\_\_\_  
submitted in partial fulfillment of requirements for the degree of a  
Master of Medical Sciences at Harvard School of Dental Medicine.

\_\_\_\_\_  
Student name

\_\_\_\_\_  
Thesis title

\_\_\_\_\_  
Signature

Defense Committee member's name

\_\_\_\_\_  
Signature

Defense Committee member's name

\_\_\_\_\_  
Date